



ALEOOP SUMMER PROGRAM MEDICAL FORM

All children must have a completed "Medical Form" on file with ALEOOP. If your child will require medication during ALEOOP, prescription or over-the-counter, also have your child's physician complete the "Medication Form". Please see the nurse on the first day of camp with the completed Authorization Form and your child's medication(s). Medication of any type cannot be given by the nurse without physician authorization.

Your child cannot attend ALEOOP without this completed Medical Form on file.

Child's Name: _____ Grade, in the Fall: _____
Address: _____ Birth Date: _____
Parent(s) Name: _____
Home Phone Number: _____ Parent Cell: _____

Please list two (2) emergency contact names (neighbor or nearby relatives, friends) who will assume temporary care of your child if you cannot be reached:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

1. Does your child have any allergies (medications, insect stings), dietary restrictions or food allergies we should be aware of?

Yes ___ No ___ If yes, describe below:

2. Are there any physical activities to be restricted or does your child have a history of asthma?

Yes ___ No ___ If yes, describe below:

3. Does your child have a history of seizures or fainting?

Yes ___ No ___ If yes, describe below:

4. Does your child have any other health issues or medical history that we should be aware of?

Yes ___ No ___ If yes, describe below:

5. Does your child receive special services at school?

Yes ___ No ___ If yes, describe below:

6. Will your child require **any medications** to be given while with ALEOOP?

Yes ___ No ___ If yes, please have your child's physician complete the "Medication Form" form, available at www.ALEOOP.org

The ALEOOP nurse will follow existing school policy for dispensing medication.

PARENT SIGNATURE

By signing below I certify that I have read the policies and terms on this form with respect to registration and payment and understand and agree to them. I further certify that all information given herein and on subsequent required camp forms will be correct and accurate and that my child is capable of attending ALEOOP. I understand that in the case of an emergency and neither parent nor emergency contact can be reached, ALEOOP is permitted to transport my child to a hospital emergency room. I give permission for photos of my child, without names, to be used for promotional materials. If I have indicated that my child is allowed to walk home, I certify that I will be liable for my child's actions once dismissed from ALEOOP. By signing below I hereby waive, discharge, release and agree not to sue ALEOOP, its board, directors, officers, staff, volunteers, the Borough of Allendale, the Allendale Board of Education, special guests and other participants for claims, demands, losses and/or damages on the account of any injury. I certify that the minor I represent is in good condition and can participate in the ALEOOP activities. I understand the minor I represent will be covered by my own family insurance and I shall hereby indemnify and hold ALEOOP harmless for any liability and claims.

Parent's Name (Print): _____

Parent's Signature: _____ Date: _____